

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete if Known	
				Application Number	
				Filing Date	
				First Named Inventor	
				Art Unit	
				Examiner Name	
Sheet	1	of	1	Attorney Docket Number	086310-000000US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
4/2/05	AA	US-5,904,096	05-18-1999	Fawcett et al.	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
4/2/05	AB	EP	0235677	A2	09-09-1987	R.R. Donnelley & Sons		<input type="checkbox"/>
4/2/05	AC	EP	1053965	A2	11-22-2000	Heidelberger Druckmaschinen		<input type="checkbox"/>
4/2/05	AD	FR	2787062	A1	06-16-2000	Christelle		<input type="checkbox"/>
4/2/05	AE	GB	1533431	A	11-22-1978	Minnesota Mining & Manufacturing		<input type="checkbox"/>
4/2/05	AF	JP	5718-212	A	09-27-1982			Abstract only

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature	<i>M. J. J.</i>	Date Considered	10/17/05
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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.